



INTRABIOTICS

December 25, 2002

DEC 30 2002

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street (H-3-4/PRC)
San Francisco, CA 94105

Subject: EPA ID No. CAR000035410 Deactivation Request

2N7

RCRA Notifications:

Please be advised that IntraBiotics Pharmaceuticals Inc. has ceased all operations at its 1245 Terra Bella Ave, Mountain View, CA 94043 facility as of December 20, 2002 and will vacate the facility on December 31, 2002. All waste activity at this location ceased on December 19, 2002. Please deactivate the EPA ID No. CAR000035410 employed at this site.

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PL

Questions or requests for information regarding this letter may be directed to Jay Tesik at 650-863-6801 (Fax 650-969-0663). Thank you for providing your attention to this matter.

Sincerely,

Jay Tesik
Director, Facilities Services
IntraBiotics Pharmaceuticals, Inc.
650.863.6801

INTRABIOTICS PHARMACEUTICALS, INC.

1245 TERRA BELLA AVENUE MOUNTAIN VIEW, CALIFORNIA 94043 TEL 650.526.6800 FAX 650.969.0663

RCRA Info 6/11/03 PL

RECEIVED

MAY 23 2003

DATA MANAGEMENT &
ANALYSIS SECTION

MAIL THE COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 23) MARK CORRECT BOX(ES)	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities). <input checked="" type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information). <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application. <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment # _____). <input type="checkbox"/> As a component of the Hazardous Waste Report.		
2. Site EPA ID Number (See instructions on page 24)	EPA ID Number: <u>CAR 000 035410</u>		
3. Site Name (See instructions on page 24)	Name: <u>POLYFUEL</u>		
4. Site Location Information (See instructions on page 24)	Street Address: <u>1245 TERRA BELLA</u>		
	City, Town, or Village: <u>MOUNTAIN VIEW</u>	State: <u>CA</u>	
	County Name: <u>SANTA CLARA</u>	Zip Code: <u>94043</u>	
5. Site Land Type (See instructions on page 24)	Site Land Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (See instructions on page 24)	A. <u>541710</u>	B.	
	C.	D.	
7. Site Mailing Address (See instructions on page 25)	Street or P. O. Box: <u>SAME</u>		
	City, Town, or Village:		
	State:		
	Country:	Zip Code:	
8. Site Contact Person (See instructions on page 25)	First Name: <u>TOM</u>	MI:	Last Name: <u>JEANES</u>
	Phone Number: <u>650 429-4700</u>		Phone Number Extension:
9. Legal Owner and Operator of the Site (See instructions on pages 25 to 26)	A. Name of Site's Legal Owner: <u>S. Stephen Nakashima</u>		Date Became Owner (mm/dd/yyyy): <u>1990</u>
	Owner Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
	B. Name of Site's Operator: <u>POLYFUEL</u>		Date Became Operator (mm/dd/yyyy): <u>1-1-2003</u>
	Operator Type: <input checked="" type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

214

791

343

352

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations. **(See instructions on page 31)**

Signature of owner, operator, or an authorized representative

Name and Official Title (type or print)

Date Signed
(mm/dd/yyyy)

Tom O. Powers

TOM O. JEANES Sr. Scientist

04/29/03

Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)

JAN 15 1998

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)



A. First Notification

B. Subsequent Notification
(Complete Item C)

C. Installation's EPA ID Number

CAR000035410

II. Name of Installation (Include company and specific site name)

INTRABIOTICS PHARMACEUTICALS

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

1245 TERRA BELLA AVENUE

Street (Continued)

City or Town

MOUNTAIN VIEW

State

Zip Code

CA 94043-1833

County Code

County Name

SANTA CLARA

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

SAME

City or Town

State

Zip Code

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

QUINN

DAVID

Job Title

Phone Number (Area Code and Number)

FACILITIES MGR. 650-526-6800

VI. Installation Contact Address (See Instructions)

A. Contract Address
Location Mailing Other

B. Street or P.O. Box

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

INTRABIOTICS PHARMACEUTICALS

Street, P.O. Box, or Route Number

1245 TERRA BELLA AVENUE

City or Town

State

Zip Code

MOUNTAIN VIEW

CA 94043-1833

Phone Number (Area Code and Number)

B. Land Type

C. Owner Type

D. Change of Owner Indicator

(Date Changed)

Month Day Year

650-526-6800

P

P

Yes

No

1/5
9/14/98
OK
11/15/98
in SL
2/15/98

ID - For Official Use Only

VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs)

2. Transporter (Indicate Mode in boxes 1-5 below)
- ☐ a. For own waste only
- ☐ b. For commercial purposes

Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity; see instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

1. Smelter Deferral

2. Small Quantity Exemption

- Indicate Type of Combustion Device(s)
- ☐ 1. Utility Boiler
- ☐ 2. Industrial Boiler
- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

IX. Description of Hazardous Wastes (Use additional sheets if necessary)

A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable
(D001)2. Corrosive
(D002)3. Reactive
(D003)4. Toxicity
Characteristic

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

D009 D011

B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See Instructions if you need to list more than 12 waste codes.)

1
D001
7
D011

2
F003
8

3
F002
9

4
D002
10

5
D003
11

6
D009
12

C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See Instructions.)

1

2

3

4

5

6

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature



Name and Official Title (Type or print)

DAVID L. QUINN, FACILITIES MGR.

Date Signed

JAN 12 1998

XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



INTRABIOTICS

January 12, 1998

U.S. EPA Region 9
RCRA Notifications
75 Hawthorne Street (H-3-4/PRC)
San Francisco, CA 94105

RE: NOTIFICATION OF REGULATED WASTE ACTIVITY

RCRA Notifications:

Recently IntraBiotics Pharmaceuticals, Inc. relocated its business from Sunnyvale, CA to 1245 Terra Bella Avenue, Mountain View, CA 94043. In order to conduct regulated waste activity at the new facility a new RCRA ID number specific to this site is required. Therefore, enclosed please find a completed and signed 'Notification of Regulated Waste Activity' Form 8700-12. Please note that a deactivation letter for the Sunnyvale site RCRA ID number was sent under separate cover.

Questions or requests for information regarding this letter or the completed form may be directed to David Quinn at 650-526-6800 (FAX 650-969-0663). Thank you for providing your attention to this matter.

Sincerely,

David L. Quinn
Facilities Manager

INTRABIOTICS PHARMACEUTICALS, INC.

1245 TERRA BELLA AVENUE MOUNTAIN VIEW, CALIFORNIA 94043 TEL 650.526.6800 FAX 650.969.0663